

19

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
Distributions From Pensions, Annuities, Retirement or Profit-Sharing
Plans, IRAs, Insurance Contracts, Etc.

3525

For Privacy Act Notice, see form FTB 1131. Attach this form to Form 540, Form 540-ADS, Form 540A, Form 540EZ, Form 540NR or Form 540X.

1 Your first name and initial

Last name

Your social security number

3 Address (number, street, city, state and ZIP code)

4 PLEASE FILL IN THE YEAR AT THE END OF THIS STATEMENT: I have notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), and retirement payments paid to me, and state taxes and disability insurance withheld by this employer or payer during 19 _____.

5 Employer's or payer's name, address, state and ZIP Code

6 Federal employer identification number (if known)

7 State income tax withheld (include the name of the state.)

8 Wages, tips, other compensation, or payments, before deductions for taxes, insurance, etc.

9 State Disability Insurance withheld

10 Dependent care benefits

11 Nonqualified plans

12 Qualified plan distributions (IRA, pension, profit-sharing, etc.)

13 Other

COMPLETE REVERSE SIDE

FTB 3525 (REV. 1994) Side 1

14 How did you determine or estimate the amounts in items 7, 8, 9, 10, 11, 12, 13?

15 Give reason Form W-2, 1099-R or W-2c, Statement of Corrected Income and Tax Amounts was not furnished by employer or payer, if known, and explain your efforts to obtain it.

Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct and complete.

16 Your signature

17 Date

Side 2 FTB 3525 (REV. 1994)